

6/2008

Document C: MAP Expense Report

Submit this form no later than two weeks after show date to receive 75% reimbursement.

This form must be accompanied by proof of exhibition at the show and all other necessary receipts for reimbursement.

Company Name: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

Name of Trade Show: _____

Date of Trade Show: _____

Travel from _____ to _____ and return.

1. **Air Fare:** Receipt Required 1. \$ _____
(50% lowest advanced coach rates for one company representative)

OR

2. **Mileage:** _____ miles @ .20 cents per mile round trip 2. \$ _____

3. **Lodging:** Receipt Required (\$55.00 per day) 3. \$ _____

For Office use:

TOTAL: \$ _____

Company Name

Address

City State Zip

Signature